

# Blood, Spit and Fears: A Painless OSHA Update

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## OFFICIAL DISCLAIMER

from Laney Kay  
of Entertaining Training, LLC.

*(now necessary because someone pitched an absolute hissy fit):*

**This program is intended to fulfill the annual training requirements of OSHA's Bloodborne Pathogens Standard and you will receive continuing education credit. In addition, this program is intended only to offer general guidance regarding bloodborne pathogens, OSHA regulations, HIPAA regulations, hazard communication and other related topics; any suggestions offered by me are only my opinion and should not be construed as advice, legal or otherwise. Any specific questions, circumstances, or situations you are concerned about in your particular office should be addressed by your own attorney. Nothing I say is intended to establish a standard of care or industry custom. No one, including me, can "OSHA-proof" an office and nothing said in this program will reduce your likelihood of an OSHA inspection, nor will it prevent you from getting fined, nor will it reduce the amount of the fine in the event of an inspection.**

***AND NOW FOR THE NOT-AS-OFFICIAL DISCLAIMER...***

***Any other information is intended for entertainment purposes only, and I'll apologize now in the event you don't find me entertaining. Nothing said is intended to offend you or any attendee, and I apologize if you are offended in any way.***

## OSHA HELPFUL HINTS

*Call with questions: Laney Kay (770) 641-9592; or for quicker response, e-mail her at [laney@laneykay.com](mailto:laney@laneykay.com) (See website, [www.laneykay.com](http://www.laneykay.com), for links to useful information, phone numbers for companies so that you can compare prices on various services, dentistry-related articles and guidelines, various forms and outlines, and a MODEL EXPOSURE CONTROL PLAN and/or HAZARD COMMUNICATION PLAN so you can update your written materials)*

1. Bloodborne Pathogens Standard directive and the 2003 Guidelines for Infection Control in Dentistry require at least **annual, interactive** training on new disease info and bloodborne pathogens review. It also requires: work practice and engineering controls; the use of PPE; informing independent contractors of risk of infection present in dental offices; weekly spore testing; annual evaluation of all new technology that could possibly make the office a safer environment. (*New employees must be trained and vaccinated for Hep B within 10 days of initial hiring*)
2. Annual Bloodborne Pathogens/OSHA training may or not be required to renew your license in your state, but it is required under the federal OSHA guidelines. Anyone who, as part of their job duties, are exposed to bloodborne pathogens must receive annual training. People who never work in the back are not required to receive annual training.
3. Medical histories must be updated at every visit. That doesn't mean that the patient has to fill out a new form every time. The ADA and several other experts seem to feel that the average patient should fill out a totally new medical history form every three years. Have them physically look over their medical history at least once a year and sign and date it (*we do it once or twice a year when they get their teeth cleaned*). EVERY visit, ask them if there have been any changes in their medical history since you saw them last, even if it was yesterday. Most importantly, always document that the medical history was actually updated.  
  
I also ask the following questions (which is really quick once you get used to doing it):  
  
Since we saw you last, have you had chest pain? Shortness of breath or breathing problems? Have you been to the doctor or hospital? Have you had surgery? Are you still on these same drugs (list them)?  
  
Asking these questions may get more information from your patients than simply asking them if there have been any changes in their medical histories.
4. Taking patients vital signs every visit is a great way to help prevent medical emergencies in the dental office. Most emergencies occur after anesthesia is given, and is often caused by cardiac or blood pressure issues, so taking vital signs can help prevent problems.
5. Lead aprons should be used for all patient x-rays, including panoramic and cephalometric x-rays, even if the x-rays are taken by a digital x-ray machine. Digital x-rays use less radiation than standard x-rays, but they still use radiation, so protecting the patient is necessary.
6. Make sure you have all current federal and state posters. Federal law requires posters on: Federal Minimum Wage; The Family and Medical Leave Act of 1998; Employee polygraph protection; OSHA poster; Equal Opportunity. You can always get posters at no charge by calling the US Department of Labor at 1-888-9SBREFA or by going to <http://www.dol.gov/osbp/sbrefa/poster/main.htm> (*print them directly from the internet*) and/or your local Department of Labor and Worker's Comp. Department.
7. In order to protect our patients' privacy, always disclose the minimum amount of information necessary to get the job done. Never talk about patients outside the office and never use patients' information for your own personal gain, because the penalties under HIPAA can be severe.
8. Make sure you protect your computers with passwords, up-to-date anti-viral software and firewalls, and always back up your data. In order to avoid viruses and malicious software, be careful surfing the internet, downloading screensavers, and opening attachments on e-mails, even from sources you know.

9. If you use disinfectant wipes in your office, make sure you keep them closed between uses so they remain as wet as possible. If you use barriers on any surface or item, if the barrier is intact at the end of the procedure and the covered item is not contaminated, you don't have to also clean and disinfect it; just re-wrap it with a new, clean barrier. So-called "green" disinfectants are probably not a great idea in the dental office, unless they are tuberculocidal, which most are not.

10. Find a medical facility that provides HIV test results in 24 hours or less in the event of an exposure incident **BEFORE AN INCIDENT OCCURS**. Post-exposure prophylaxis, **if needed**, *must* be given within the first 24-48 hours to be most effective (*probably effective up to 72 hours*), but *should* be given within 1-2 hours. Make sure employees know what to do in the event of a stick injury. (**PEP 24 hour Hotline: 888-448-4911** is staffed 24 hours a day by doctors who can answer questions about exposure incidents and whether PEP is justified.)

11. Recommendations for waterlines are *at least* drinking water quality (*500 cfu of bacteria per milliliter*).

12. Employees should stay current on all vaccines (*flu, tetanus, measles, mumps, rubella, chicken pox, etc.*)

13. In order to reduce the amount of bacteria that we are exposed to, experts recommend having patients use a pre-procedural mouth rinse before starting a procedure and use rubber dams and high speed suction whenever possible.

14. CHEMICAL HAZARD COMMUNICATION: Chemical inventories should be up to date, MSDS forms should be well organized and current, and the Hazard Communication Plan should be current. Chemicals only have to be labeled if they are out of their original container (*ultrasonic cleaners, cold sterile, fixer/developer that is not automatically replenished, etc.*) Employees must be trained at the time of initial employment and whenever new hazards are added to the workplace. (*Go to my website to download a "Model Hazard Communication Plan" which is directly from OSHA and has been altered to deal with dentistry.*)

15. TB risk assessments must be done annually. (*Go to my website and print out a risk assessment and fill it out. Every year, review the info to make sure it's current, and sign and date it.*) Otherwise, the only requirements for most low-risk offices is to test all new employees for TB and test all possibly exposed employees in the event of an exposure incident (*There is a blood test available for TB testing, in addition to skin testing*). Patients with active TB CANNOT be treated in a dental office because we don't have adequate respiratory protection. Immediately refer any suspected cases to a physician for evaluation; patients can return to the dental office once they're cleared by the physician. Also, federal regulations require that you report suspected cases to the local health department to make sure the patient gets tested and follows up on treatment, if necessary. (*This is not a HIPAA violation; if you are mandated to report something by law, you don't have to have the patient's permission, you just have to document that the disclosure was made.*)

16. Make sure you have a system to document missed appointments and prescriptions called in outside of regular office hours. One of the most common liability problems doctors experience is poor documentation of prescriptions for patients, especially of controlled substances.

17. Wear personal protective equipment. In most dental environments, that includes jackets, masks and eye protection (preferably a face shield, especially if you wear your prescription glasses as eye protection). Change masks when they become wet; otherwise, change them between patients. Wear eye protection when processing, transporting, sharpening, or handling instruments, and when using chemicals. Personal protective equipment is useless if you don't wear it.

18. Handwashing and alcohol sanitizer rubs are effective in dentistry. Patients want to see you wash your hands, so washing is a great choice when you enter the operatory. While working on a patient, when changing gloves, etc., a handrub may be used.

Handwashing actually removes bioburden, including bacteria and viruses, from your hands. Alcohol rubs will kill bacteria on your hands, but it does not always kill viruses (*although it will reduce the amount of virus on your hands and will make your hands less hospitable to viruses*).

Alcohol rubs need to have at least 60% alcohol to be effective and if you pour it on your hands and rub them for 10-15 seconds and your hands are dry, you are probably not using enough.

*(Please note that there are many forms that you may find useful on my website. Here's a partial list: Exposure report, Employee Medical Record, Hepatitis B Declination, Informed Refusal for Post-exposure Evaluation, Steps to follow after a stick, HIV and HBV Post-exposure Prophylaxis. There are also Model Exposure Control and Hazard Communication Plans and a TB Risk Assessment. There are also links to every guideline that deals with dentistry and articles and information you may find helpful. And pictures of my dogs. Hope you find it helpful!)*

## **Steps to Follow After a Stick Incident:**

**Before a stick incident occurs, make sure procedures are in place so that everyone knows what to do and where to go. It's often difficult to find a place that does HIV post-exposure testing that gives results within 24 hours, so choose a facility and have policies in place BEFORE an injury occurs.**

**1. Provide immediate first aid to the exposure site by washing with soap and water** (*for mucous membrane exposure, flush with water*)

**2. Report the incident to employer.** (*If there is a problem, postexposure drug prophylaxis should be given within an hour or two, absolutely within 24 hours, to be most effective. Also, immediate reporting allows you to talk to the source patient while the patient is in the office so that he can be immediately sent for baseline testing, along with the injured employee.*)

**3. Determine the risk of exposure and fill out an incident report.** (*Document the type of fluid involved, the type and degree of exposure, information about the source patient's health and level of infectivity, and the health status of the exposed person*)

**4. Call the PEP 24 hour Hotline: 888-448-4911 for advice.** This hotline is staffed 24 hours a day by medical professionals who are specially trained to handle stick injuries. They can give excellent advice as to what procedures should be followed and whether the employee needs to take a prophylactic drug treatment. (*Their advice is very helpful because many health professionals are not very knowledgeable about dental stick injuries and, as a result, they may suggest drug treatment when it may not be indicated. Talking to these professionals gives some insight and information before seeing a local health care provider.*)

**5. Refer the employee to a health care professional for testing, evaluation and followup counseling.** The employer must provide a copy of the Bloodborne Pathogens Standard, job description of the employee, an incident/exposure report, any available information about the source patient's HIV/HBV/HCV status, if known, and information about the employee's HBV vaccination status and any other relevant medical information. The health care professional's job is to test the employee and the source patient (*no testing of the source patient is necessary if his HIV/HBV/HCV status is already known*). The physician also notifies the employee of results of all testing, provides any counseling and provides post exposure prophylaxis, if needed. He also sends the employer documentation that the employee was informed of all results and the need for any followup and indicates whether HBV vaccine was administered. The employer must furnish the employee with a copy of this opinion within 15 days. This information should be placed in the employee's private medical record and kept separate from the rest of the OSHA materials. The employee has the right to refuse testing, or to delay testing of the drawn blood for up to 90 days.

**6. The employer must maintain all related medical records for a period of thirty years past the term of employment.**

**Please note:** Employer is responsible for paying for all testing, post-exposure prophylaxis, and testing of the source patient. Employer is NOT responsible for treating any diseases resulting from an exposure incident. (*Worker's compensation will generally pay for employee testing, post-exposure prophylaxis and treatment of a resulting disease. Some carriers, including The Hartford, will even cover testing of the source patient. Check with your carrier to see what is covered*)

